

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

Theodore Sliwinski, Esq.
45 River Road,
East Brunswick, NJ 08816
#000731991

In Re:

MARY RUSSO

Case No.: 21-16292

Chapter: 13

Adv. No.:

Hearing Date:

Judge: CMG

CERTIFICATION OF SERVICE

1. I, Theodore Sliwinski, Esq. :

☒ represent Mary Russo in this matter.

☐ am the secretary/paralegal for _____, who represents
_____ in this matter.

☐ am the _____ in this case and am representing myself.

2. On November 12, 2021, I sent a copy of the following pleadings and/or documents to the parties listed in the chart below.

A copy of the Notice of Amendment of Social Security number to all three credit bureaus

3. I certify under penalty of perjury that the above documents were sent using the mode of service indicated.

Date: 11/12/2021

/s/ Theodore Sliwinski, Esq.
Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
To all creditors and to Trustee		<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
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		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
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		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Big 3 Credit Bureaus

Credit Bureau	Mailing Address	Phone Number
TransUnion	P.O. Box 1000 Chester, PA 19022	1-800-916-8800
Equifax	P.O. Box 740241 Atlanta, GA 30374-0241	1-800-685-1111
Experian	P.O. Box 2104 Allen, TX 75013-0949	1-888-397-3742

Theodore Sliwinski, Esq.
TS - 1753
45 River Road
East Brunswick, NJ 08816
Attorney for Debtor
(732) 257-0708

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY
(TRENTON)

X

IN THE MATTER OF,

MARY RUSSO,

CHAPTER 13
CASE NO. 21-16292-CMG
JUDGE CMG

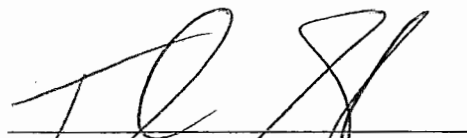
Debtor.

X

NOTICE OF AMENDMENT TO PETITION TO
CORRECT DEBTOR'S SOCIAL SECURITY NUMBER

Pursuant to Rule 1009[©] of the Federal Rules of Bankruptcy Procedure and Locate Bankruptcy Rule 1009-1, the debtor amends her petition to correct her social security number. Due to a typographical error, the petition as filed contained an incorrect number. The debtor's correct social security numbers is

~~1-53-333-3350~~



THEODORE SLIWINSKI, ESQ.
ATTORNEY FOR DEBTOR

DATE:

11/12/21

Form oavolssn - oavolssnv27

UNITED STATES BANKRUPTCY COURT

District of New Jersey
402 East State Street
Trenton, NJ 08608

Case No.: 21-16292-CMG
Chapter: 13
Judge: Christine M. Gravelle

In Re: Debtor(s) (name(s) used by the debtor(s) in the last 8 years, including married, maiden, trade, and address):

Mary Russo
278 Cross Drive
Monroe Township, NJ 08831

Social Security No.:

xxx-xx-8058

Employer's Tax I.D. No.:

**ORDER RESPECTING
AMENDMENT TO VOLUNTARY PETITION AND/OR
STATEMENT ABOUT YOUR SOCIAL SECURITY NUMBERS**

The Court having noted that the debtor filed an Amendment To Voluntary Petition and/or Statement About Your Social Security Numbers on 10/15/2021, and for good cause shown, it is

ORDERED that the debtor must serve a copy of this Order and the Amendment To Voluntary Petition or Statement About Your Social Security Numbers on all creditors and/or parties-in-interest and the trustee in the case, if any, not later than 7 days after the date of this Order.

It is further ORDERED that not later than 7 days after the date of this Order, the debtor must file the Local Form, Certification of Service, certifying compliance with the above requirements.

It is further ORDERED that the debtor must mail, by regular and certified mail, a notice correcting the social security number to the three national credit reporting agencies: Experian; Trans Union Corporation; Equifax Credit Information Services, Inc., or/and their successors and assigns, at their last known address on their website and file a separate Certification of Service regarding proof of same not later than 7 days after the date of this Order.

It is further ORDERED that the creditors and/or parties-in-interest and the trustee have:

1. until the original deadline, if any, fixed by the court to file a complaint to object to the debtor's discharge or dischargeability of certain debts, or 60 days from the date of this Order, whichever is later;
2. until the original deadline, if any, fixed by the Court to file a proof of claim or required supplement, or 60 days from the date of this Order, whichever is later;
3. until the original deadline fixed by the Court to object to exemptions, or 30 days from the date of this Order, whichever is later.

Dated: October 18, 2021

JAN: mjb

Christine M. Gravelle
United States Bankruptcy Judge

Fill in this information to identify your case:

United States Bankruptcy Court for the:
DISTRICT OF NEW JERSEY

Case number (if known): 21-16292

Official Form 121

Statement About Your Social Security Numbers

12/15

Use this form to tell the court about any Social Security or federal Individual Taxpayer Identification numbers you have used. Do not file this form as part of the public case file. This form must be submitted separately and must not be included in the court's public electronic records. Please consult local court procedures for submission requirements.

To protect your privacy, the court will not make this form available to the public. You should not include a full Social Security Number or Individual Taxpayer Number on any other document filed with the court. The court will make only the last four digits of your numbers known to the public. However, the full numbers will be available to your creditors, the U.S. Trustee or bankruptcy administrator, and the trustee assigned to your case.

Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Part 1: Tell the Court About Yourself and Your spouse if Your Spouse is Filing With You

For Debtor 1:

For Debtor 2 (Only if Spouse is Filing:)

1. Your name

Mary

First name

First name

Middle name

Middle name

Russo

Last name

Last name

Part 2: Tell the Court About all of Your Social Security or Federal Individual Taxpayer Identification Numbers

2. All Social Security Numbers you have used

[REDACTED]

☐ You do not have a Social Security Number

☐ You do not have a Social Security Number

3. All federal Individual Taxpayer Identification Numbers (ITIN) you have used

☒ You do not have an ITIN.

☐ You do not have an ITIN.

Part 3: Sign Below

Under penalty of perjury, I declare that the information I have provided in this form is true and correct.

Under penalty of perjury, I declare that the information I have provided in this form is true and correct.

X /s/ Mary Russo

Mary Russo

Signature of Debtor 1

X

Signature of Debtor 2

Date October 15, 2021

Date